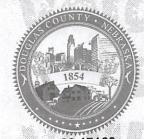
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DATE OF ISSUANCE 12/14/2022 OMAHA, NEBRASKA

Topulon the HH, WH, ZN LINDSAY HUSE MPH, DNP, RN HEALTH DIRECTOR DOUGLAS COUNTY HEALTH DEPARTMENT



22 17163

STATE OF NEBRASKA - DEPAR	TMENT OF HEALTH AND HUMAN SERVICES
CERTI	ICATE OF DEATH

DECEDENTS-NAME (First,	Middle,	Last	t, Suffix))				1191139	2. SEX				EATH (Mo., Day er 22, 2022	
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L CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH 5a. AGI					5a. AGE	- Last Birthd	Last Birthday 5b. UNDER 1 YEAR			5c. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.)		
					(Yrs	5.)	MOS.	DAYS	HOURS	MIIIVO.	An	ril 5, 1	972	16
Omaha, Nebraska					1000	50		1	the sale		I VA	111 0, 1	3. <u>2</u>	N. Ka
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C. CITY OR TOWN OF DEATH	(Include 2	Zip Code)						Dougla					
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Nebraska			Doug	las		- 100 - 100	Omaha	9e. APT.	NO I	of, ZIP COD	=		9g. INSIDE CI	TY LIMI
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2525 135th Avenue							100000			Suffix) If w	ife nive	maiden	name	7070A
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Married, but separated	☐ Widov	wed X	Divorced	Unknow	n				La les					
10 to		1 98	and the second second			11	2. MOTHER	'S-NAME (F	irst, N	Middle, M	Maiden St	urname)	4.4	38377
1. FATHER'S-NAME (First,	Middle,	Last	, Sullix)				Helen	Vance					100	
William Fisher				T.,		NENAME	.,			Charle.	141	b. RELA	TIONSHIP TO D	ECEDE
3. EVER IN U.S. ARMED FOR	RCES? Giv	e dates	of service it			ANT-NAME					1	egal C	Guardian	
(Yes, No, or Unk.) No					elissa F	ruis		16b. LICEN	SE NO.		16	c. DATE	(Mo., Day, Yr.)	1,10
5. METHOD OF DISPOSITION	N 1	16a. EME	BALMER-SIG	GNATURE				7				lovom	ber 28, 2022	,
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Removal Other (S)	pecify)				70. 7			0	maha				Nebrasi	ka
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